

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19/257635

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4	1					
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11			1		1	
12				1		1
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45				1		1
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
TOTAL IND.		3		3		4
TOTAL DEP.		19		17		17
TOTAL CLAIMS		22		20		21

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS